

**ALL SPORT
FISHKILL
HEALTH & FITNESS CLUB**

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**ALL SPORT PROGRAM REGISTRATION FORM
PLEASE PRINT CLEARLY**

One application form per child is required for registration

Child's Name: _____ Date of Birth ____ / ____ / ____
Street Address: _____ Age: _____
City, State, Zip: _____
Home Phone: _____ Grade (Entering Fall 2009): _____ School _____
Mother's Name: _____ Father's Name: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Billing Name & Address: _____
Email Address: _____
Doctor's Name: _____ Doctor's Phone: _____
Special Requests: _____
Health Concerns: _____

How did you hear about us? _____

Program Name: _____
Session Dates: _____
Day: _____ Time: _____ Swim Level: _____
 Member #: _____ Non-member

Amount Enclosed: _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge <input type="checkbox"/>
PLEASE MAKE CHECKS OUT TO ALL SPORT FISHKILL
Credit Card # _____ Exp Date ____ / ____ / ____
CVV# _____ Discover VISA AmericanExpress MasterCard

As a participant in an All Sport Fishkill program/ activity, I accept full responsibility for use of any and all apparatus, facility privilege or service whatsoever, owned and operated by this Club, at my own risk and shall hold this Club, it's shareholders, directors, offices, employees, representatives and agents harmless from any and all loss, claims, injury damage or liability sustained or incurred by me resulting there from.

X _____ Date: ____ / ____ / ____
Parent or Guardian Signature